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**RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 3621**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Motoyuki Tagawa, et al.	Examiner:	James A. Reagan
Serial No:	09/886,797	Art Unit:	3621
Filed:	June 21, 2001	Docket:	14654
For:	INFORMATION OFFERING SYSTEM	Dated:	July 22, 2005
Conf. No.:	6166		

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. § 1.116

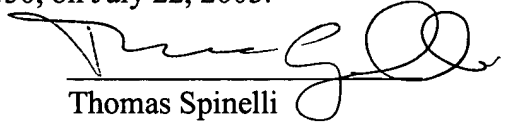
Sir:

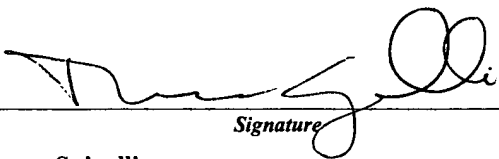
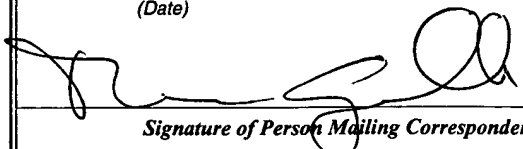
In response to the Final Official Action dated April 5, 2005, Applicants respectfully request reconsideration of the above-identified application in light of the following remarks:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 22, 2005.

Dated: July 22, 2005


Thomas Spinelli

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14654	
Applicant(s): Motoyuki Tagawa, et al.					
Application No. 09/886,797	Filing Date June 21, 2001	Examiner James A. Reagan	Customer No. 23589	Group Art Unit 3621	Confirmation No. 6166
Invention: INFORMATION OFFERING SYSTEM					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	24 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: June 22, 2005		
Thomas Spinelli Registration No. 39,533			<div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p> <p style="text-align: center;">6/22/2005 (Date)</p> <p style="text-align: center;">  <i>Signature of Person Mailing Correspondence</i> </p> <p style="text-align: center;">Thomas Spinelli <i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>		
cc:					